

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008575

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1723

STATE FILE NUMBER

FILED FEB 16 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

D O A

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONSt. Louis-Little Rock
Hospital Inc.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN St. Louis, 20. Mo.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

6334 Amelia

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
George Washington Perry4. DATE OF DEATH Month Day Year
Feb. 9, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-9-1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pensar. Chief Clk.

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Washington Perry

13b. MOTHER'S MAIDEN NAME

Clara Kantowsky

14. NAME OF HUSBAND OR WIFE

Dorothy Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Dorothy Perry - 6334 Amelia

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which give rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Atherosclerosis

DUE TO (c)

Arteriosclerotic Heart Disease

5+ years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

congestive heart failure, unimpaired

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year.

4200

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/2/58 12:05 A. to 2/9/62 and last saw him alive on 2/8/62

Death occurred at 12:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Shirley D. White M.D.

22b. ADDRESS

1755 So. Grand

FEB 9 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

Feb 12, 1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State)

St. Louis County Missouri

24. FUNERAL DIRECTOR

Buchholz Mortuary

ADDRESS

5967 W Florissant

25. DATE RECD. BY LOCAL REG.

FEB 10 1962

26. REGISTRAR'S SIGNATURE

Dean Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 207

3

4

5 1

6

7 0

8 1

9

10

11

1292-0

13

91

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilfred T. Bunkhof

Licensed Embalmer No. 4551

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.